

Form 25
Childrens Court Act 1992
Child Protection Act 1999

AFFIDAVIT

CHILDRENS COURT OF QUEENSLAND

REGISTRY:

NUMBER:

Child/ren: *(Name/s and date/s of birth)*

Applicant: *(Name)*

AND

[First] Respondent: *(Name)*

AND

[Second] Respondent: *(Name)*

I, (name), (occupation) of (address) in the State of Queensland, make oath and say (or: solemnly and sincerely affirm and declare) as follows:-

Sheet 1

Deponent

A Justice of the Peace/Commissioner for declarations

ALL the facts and circumstances herein deposed to are within my own knowledge and belief save such as are deposed to from information only and my means of knowledge and source of information appear on the face of this my affidavit.

*Sworn / Affirmed by *(full name of deponent)* on *(date)* at *(place)* in the presence of:

(signed by deponent)

Deponent

(signed by Justice of the Peace)

Justice of the Peace /Commissioner for
declarations